

Amendment No. 1 to SB0523

Crowe
Signature of Sponsor

AMEND Senate Bill No. 523*

House Bill No. 756

by inserting the following as a preamble immediately before the enacting clause:

WHEREAS, in 2016, the Tennessee General Assembly created a task force to make recommendations for the improvement of Tennessee residents' health by providing access to quality and cost effective care; and

WHEREAS, a key component of quality and effective healthcare delivery is the interaction and relationship among healthcare providers, particularly between advanced practice registered nurses (APRNs) and physicians in Tennessee; and

WHEREAS, this legislation is limited to specific instances and actions among physicians and APRNs; and

WHEREAS, it is the intent of this legislation to change terminology only. It is not the intent of this legislation to alter or amend the relationships and designated responsibilities between physicians and advance practice registered nurses, including nurse practitioners, certified nurse midwives, clinical nurse specialists, or certified registered nurse anesthetists existing prior to the effective date of this act; now, therefore,

AND FURTHER AMEND by deleting all language after the enacting clause and substituting instead the following:

SECTION 1. Tennessee Code Annotated, Section 63-1-306(a)(3), is amended by deleting the subdivision and substituting instead the following:

(3)

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(A) All advanced practice registered nurses licensed under chapter 7 of this title, who practice in a licensed pain clinic, shall collaborate with a pain medicine specialist.

(B) All physician assistants licensed under chapter 19 of this title, who practice in a licensed pain clinic, shall be supervised by a pain medicine specialist.

SECTION 2. Tennessee Code Annotated, Section 63-7-123(b)(1) and (2), is amended by deleting the subdivisions and substituting instead the following:

(1) A nurse who has been issued a certificate of fitness as a nurse practitioner pursuant to § 63-7-207 and this section shall file a notice with the board, containing the name of the nurse practitioner, the name of the licensed physician collaborating with the nurse practitioner who has control and responsibility for prescriptive services rendered by the nurse practitioner, and a copy of the formulary describing the categories of legend drugs to be prescribed and/or issued by the nurse practitioner. The nurse practitioner shall be responsible for updating this information.

(2)

(A) The nurse practitioner who holds a certificate of fitness shall be authorized to prescribe and/or issue controlled substances listed in Schedules II, III, IV, and V of title 39, chapter 17, part 4, upon joint adoption of physician collaboration rules concerning controlled substances pursuant to subsection (d).

(B) Notwithstanding subdivision (b)(2)(A), a nurse practitioner shall not prescribe Schedules II, III, and IV controlled substances unless such prescription is specifically authorized by the formulary or expressly approved after consultation with the collaborating physician before the initial issuance of the prescription or dispensing of the medication.

(C) A nurse practitioner who had been issued a certificate of fitness may only prescribe or issue a Schedule II or III opioid listed on the formulary for a maximum of a non-refillable, thirty-day course of treatment unless specifically approved after consultation with the collaborating physician before the initial issuance of the prescription or dispensing of the medication. This subdivision (b)(2)(C) shall not apply to prescriptions issued in a hospital, a nursing home licensed under title 68, or inpatient facilities licensed under title 33.

SECTION 3. Tennessee Code Annotated, Section 63-7-123(b)(3)(A), is amended by deleting the subdivision and substituting instead the following:

(A) Any prescription written and signed or drug issued by a nurse practitioner under collaboration with and the control of a collaborating physician shall be deemed to be that of the nurse practitioner. Every prescription issued by a nurse practitioner pursuant to this section shall be entered in the medical records of the patient and shall be written on a preprinted prescription pad bearing the name, address, and telephone number of the collaborating physician and of the nurse practitioner, and the nurse practitioner shall sign each prescription so written. Where the preprinted prescription pad contains the names of more than one (1) physician, the nurse practitioner shall indicate on the prescription which of those physicians is the nurse practitioner's primary collaborating physician by placing a checkmark beside or a circle around the name of that physician.

SECTION 4. Tennessee Code Annotated, Section 63-7-123(b)(5), is amended by deleting the word "supervising" and substituting instead the word "collaborating".

SECTION 5. Tennessee Code Annotated, Section 63-7-123(d), is amended by deleting the language "supervision of nurse practitioners by physicians" and substituting instead "collaboration of nurse practitioners with physicians".

SECTION 6. Tennessee Code Annotated, Section 63-10-204(42)(A), is amended by deleting the subdivision and substituting instead the following:

(A)

(i) "Prescription order" means and includes any order, communicated through written, verbal, or electronic means by a physician, certified physician assistant, pharmacist in accordance with a collaborative pharmacy practice agreement pursuant to this section, dentist, veterinarian, optometrist authorized pursuant to § 63-8-102(12), or other allied medical practitioner, for any drug, device, or treatment;

(ii) "Prescription order" means and includes any order, communicated through written, verbal, or electronic means by a nurse authorized pursuant to § 63-6-204, who is prescribing in collaboration with and under the control and responsibility of a licensed physician, and who meets the requirements pursuant to § 63-7-207(14);

SECTION 7. Tennessee Code Annotated, Section 63-10-217(d), is amended by deleting the subdivision and substituting instead the following:

(1) If the collaborative practice agreement includes one (1) or more prescribers who are advanced practice registered nurses (APRNs), the collaborating physician who has primary responsibility for collaborating with the APRN, must also approve and sign the collaborative pharmacy practice agreement. The collaborating physician may only approve a collaborative pharmacy practice agreement of an APRN if the services

authorized in the agreement are included in the routine services delivered by the collaborating physician in the physician's medical practice. An authorizing prescriber entering into collaborative pharmacy practice agreements shall be available for consultation with the pharmacist or pharmacists as needed.

(2) If the collaborative practice agreement includes one (1) or more prescribers who are physician assistants (PAs), the supervising physician who has primary responsibility for supervising the PA, must also approve and sign the collaborative pharmacy practice agreement. The supervising physician may only approve a collaborative pharmacy practice agreement of a PA if the services authorized in the agreement are included in the routine services delivered by the supervising physician in the physician's medical practice. An authorizing prescriber entering into collaborative pharmacy practice agreements shall be available for consultation with the pharmacist or pharmacists as needed.

SECTION 8. Tennessee Code Annotated, Section 63-51-105, is amended by deleting the word "and" at the end of subdivision (a)(17), deleting subdivision (a)(18), and substituting instead the following:

(18) For the profile of a holder of a certificate of fitness pursuant to § 63-7-123, the name of the holder's collaborating physician; and

(19) For any physician assistant licensed under § 63-19-105, the name of the assistant's supervising physician.

SECTION 9. Tennessee Code Annotated, Section 63-51-115(a), is amended by deleting the last sentence of the subsection and substituting instead the following:

The department shall also allow a supervising physician at any time the opportunity to review, accept, and update the existence of a supervisory relationship between the physician and a physician assistant licensed under § 63-19-105. The department shall also allow a collaborating physician at any time the opportunity to

review, accept, and update the existence of a collaborating relationship between the physician and the holder of a certificate of fitness pursuant to § 63-7-123.

SECTION 10. Tennessee Code Annotated, Section 63-51-115(c), is amended by inserting the language "collaborating physician," between the language "care organization," and "or supervisory physician".

SECTION 11. Tennessee Code Annotated, Section 63-51-115(d), is amended by deleting the subsection and substituting instead the following:

(d) Nothing contained in this section shall repeal or override the confidentiality provisions contained in title 53, chapter 10, part 3, except to the extent that the department uses the information to update the existence of:

(1) A collaborating relationship between a physician and a holder of a certificate of fitness pursuant to § 63-7-123; or

(2) A supervisory relationship between a physician and a physician assistant licensed under § 63-19-105.

SECTION 12. Tennessee Code Annotated, Section 68-1-128(a)(2), is amended by deleting the language "physician supervisor" and substituting instead the language "collaborating physician or physician supervisor, as appropriate,".

SECTION 13. Tennessee Code Annotated, Section 68-1-128(e), is amended by deleting the language "supervising physician's licensing board" and substituting instead the language "collaborating physician's or supervising physician's licensing board, as appropriate".

SECTION 14. Tennessee Code Annotated, Section 68-1-128, is amended by deleting the language "supervising physician" wherever it appears and substituting instead the language "collaborating physician or supervising physician, as appropriate,".

SECTION 15. This act shall take effect July 1, 2017, the public welfare requiring it.